

Utah State Tax Commission
Request For Innocent Spouse Relief

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TC-8857 Rev. 11/03

Do not file this form if You did not file a joint return for the year(s) for which you are requesting relief.

Your current name	Daytime telephone number	Social security number	
Address	City	State	ZIP code

1 Enter the year(s) for which you are requesting relief from liability of tax _____

2 Information about the person to whom you were married as of the end of the year(s) on line 1

Name	Social security number
Address, Apt. no., city, state and ZIP code	Daytime telephone number

3 ☐ Yes ☐ No Did you file a joint return for the year(s) you want relief? If, "No," STOP here. You do not qualify for innocent spouse relief.

4 ☐ Check box if you have been a victim of domestic abuse and fear that filing a claim for innocent spouse relief will result in retaliation.

5 ☐ Yes ☐ No Are you legally separated from the person shown above?

6 ☐ Yes ☐ No Are you legally divorced from the person shown above?

7 ☐ Yes ☐ No Have you lived apart from the person shown above at all times during the 12-month period prior to filing this form?

8 ☐ Yes ☐ No Is the person shown above dead?

9 ☐ Yes ☐ No Do you have an understatement of tax for Utah resulting from a change made by the IRS (that is, the IRS determined there is a difference between what is shown on the tax return and the tax that should have been shown)?

10 ☐ Yes ☐ No Is the understatement of tax due to the erroneous items listed by your spouse?

11 ☐ Yes ☐ No Do you have an underpayment of tax (that is, tax is properly shown on your return, but not paid)?

Other explanations or comments

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules and statement, and to the best of my knowledge and belief, they are true, correct and complete.

SIGN HERE Paid Preparer's Section	Your signature		Date signed	
	Paid preparer's signature		Date signed	<input type="checkbox"/> Check if self-employed
	Firm's name (or yours if self-employed)		Telephone number	Preparer's SSN/PTIN
	Paid preparer's complete address		City	State ZIP code

Attach copies of any correspondence or determinations from the IRS related to this request